

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS  
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## ADP BULLETIN

Title <b>Assembly Bill (AB) 2071 and Drug/Medi-Cal Reimbursements</b>		Issue Date:  12-15-97  Expiration Date:	Issue No.  <b>97-68</b>
Deputy Director Approval  (signed by)  GLORIA J. MERK, II Program Operations Division	Function  <input type="checkbox"/> Information Management <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Service Delivery <input type="checkbox"/> Fiscal <input type="checkbox"/> Administration	Supersedes Bulletin/ADP Letter No.	

This letter refers to ADP Letter #97-61 dated October 28, 1997, regarding the requirements of Chapter 1027 of the Health and Safety Code (HSC) Statutes of 1996 (i.e., AB 2071). The policies of the Department for issuing payment for Drug/Medi-Cal (D/MC) claims in implementing this legislation are also addressed.

Sections 11758.46 (f)(1) and (2) of the HSC require State General Fund and federal Medicaid fund reimbursements for D/MC services to commence no later than 45 days following the enactment of the annual Budget Act. This mandate is operational for those counties and contractors who have:

- approved contracts in place;
- provided D/MC services; and
- submitted complete and accurate claims.

For purposes of HSC Section 11758.46(f)(1) and (2), "days<sup>(u)</sup>" means calendar days. It is computed by excluding the first day and including the last, unless the last is a holiday, and then it is also excluded.

Statutorily, the 45-day period applies to those complete and accurate claims which follow approved contracts and provision of services upon enactment of the Budget Act. Following this initial start date each year, claims will be processed and payments will commence within 45 days.

It is the Department's goal to meet a 45-day payment time line for all complete and accurate claims submitted. The Approved Services Reports (ASR) generated from the Department of Health Services' Automated Eligibility System is the process by which the Department will assure that D/MC claims are determined to be complete and accurate. The 45-day time line, therefore, begins with the "Current Date" printed on the upper right-hand corner of the ASR.

We apologize for any confusion previous ADP letters may have caused. Please call the D/MC Claims Section analyst assigned to your county or contract if you have questions about this information, the status of your D/MC claims, or the status of payment for services provided.

1. AB 2071 does not provide a specific definition of the term "days;" therefore, the definition of computation of time given in Section 10 of the California Civil Code will be applied.